

PART B - FEE(S) TRANSMITTAL

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24112 7590 02/07/2005

COATS & BENNETT, PLLC
P O BOX 5
RALEIGH, NC 27602

03/18/2005 RMBRAH1 00000150 09696141

01 FC:1501 1400.00 DP
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ALFONSO G. SANTACRUZ	(Depositor's name)
Alfonso G. Santacruz	(Signature)
MARCH 14, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09696,141	10/25/2000	Paul W. Dent	4015-717	2874

TITLE OF INVENTION: CRYPTOGRAPHIC METHOD AND SYSTEM FOR DOUBLE ENCRYPTION OF MESSAGES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/09/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
DINH, MINH		2132	380-028000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 COATS & BENNETT, PLLC.
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3 CARY, N.C. 27511

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ERICSSON INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*RESEARCH TRIANGLE PARK,
NORTH CAROLINA*

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-167 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature David Bennett

Date MARCH 14, 2005

Typed or printed name DAVID E. BENNETT

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